



Indiana Department of Labor

402 W. Washington Street,
Room W195,
Indianapolis, Indiana 46204

Do Not Fill Out The Common Construction Wage Complaint Form If:

- You acted as an “independent contractor” and not as an “employee” or you are self-employed, or an owner/operator.
- You have filed suit against your employer for the same common construction wage claim.
- You already have a civil court judgment involving this claim.
- You are trying to obtain a W2 or 1099.
- You do not know your employer’s address or location.
- If more than two (2) years has elapsed since the last day you worked on the project.

Filing A Common Construction Wage Claim

IF THE COMPLAINT FORM IS NOT COMPLETED AS INDICATED IN THESE INSTRUCTIONS, IT MAY BE RETURNED TO YOU.

Read all questions on the complaint form carefully before answering. Fill out the form completely, legibly, and accurately, providing as much information as possible. If you intend to file a complaint against more than one business, use a **separate** complaint form for each business against whom you wish to file a complaint. In order for your claim to be processed, the following information must be provided:

- Name and address of the person filing this complaint.
- Telephone number where you may be reached during the day. **If your address or telephone number changes, it is your responsibility to notify the Indiana Department of Labor immediately.**
- Name and address of the contractor alleged to have committed the violation.
- Project name and description, location where the work was performed, and construction dates.

When the Wage & Hour Division receives your complaint form the following steps are taken:

1. The claim form is given to the audit coordinator to review. The coordinator determines if all of the required information is on the claim form and whether audit of the claim is within the division’s authority.
2. An audit file is opened and a notification letter sent to the employer requesting a written response within 15 working days. The letter requests documentation regarding the claim that has been filed and/or a check for any portion of the claim not disputed. Any monies received will be forwarded to you. You do not need to contact the Wage & Hour Division to receive payment.
3. All audits are performed on a first-in, first-out basis. You will not be contacted by the auditor assigned to your complaint until the audit comes up in rotation on his/her caseload. The time required to complete an audit depends on the cooperation of the parties and the complexity of the project.

Your complaint can be processed more efficiently if you provide: (1) copies of pay stubs indicating your rate of pay, and (2) a copy of the public wage scale for this project.

Please Note: If you are filing this complaint against your current employer, Indiana law may not protect you from adverse employment action.

Common Construction Wage Complaint Form

Return To:

Indiana Department of Labor
Wage & Hour Division
402 W. Washington Street, Room W195
Indianapolis, IN. 46204
Telephone 317-232-2676
Fax 317-234-4449

Employee Information (Please Print:)

Name of person filing complaint _____

Address _____
STREET CITY STATE ZIP CODE

Telephone number where you can be reached between 8:30 am and 4:30 pm _____

Type of work performed on project: _____

Employer Information

Name of employer (against whom you are filing complaint) _____

Employer telephone number _____ Date of hire _____

Employer address _____
STREET CITY STATE ZIP CODE

Are you still employed by the named employer? ☐ Yes ☐ No

If NO, give the last date worked _____ Was your termination: ☐ Voluntary ☐ Involuntary

Project Information

Name of project _____

County in which work was performed _____

Address of project _____

Last date worked on this project _____

1. What was your regular pay period? (Check one) ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

2. Your wages were paid to you in the form of: ☐ Check ☐ Cash ☐ Other _____

3. What was the latest rate of pay agreed upon between you and the named employer?
Hourly \$ _____ Weekly \$ _____ Other, please explain _____

4. What was your job classification on this project? _____

5. What was your skill level on this project? _____

6. What is the GROSS amount of wages you are claiming? \$ _____

7. Please list any wage deductions you have agreed to **IN WRITING**: _____

8. Please list the total amount of any deductions made without your written agreement: _____

9. If you owe any money to the named employer for any reason, please list the amount: \$ _____

10. If you worked under direct supervision on this project, please name your immediate supervisor:

11. List the tools that you used **or** heavy equipment you operated: _____

12. If you are covered under a Collective Bargaining Agreement, please provide local name and address:

Signature of Claimant _____

Date _____